

DEFINITIONS

Contacts and Interactions

These concepts were first implemented in Wisconsin through the 2000 Participant Data Form. The two terms distinguish levels of intensity involved in each intervention.

Contacts: These are generally either relatively brief in nature or occur in a group setting. Examples of contacts include:

- brief conversations in the context of street and community outreach or at events such as health fairs;
- one-time presentations to groups, including by teen peers ;
- hotline calls;
- distribution of brochures and condoms.

Interactions: Staff interact with a client on an intensive and usually repeated basis. In an interaction, staff have a conversation with the client in which the client may identify his or her risk behaviors for HIV, and the staff and client identify strategies for reducing the client's risk behaviors. Examples include:

- risk reduction counseling;
- prevention case management;
- ongoing groups that specifically address risk behaviors;
- repeated encounters in a street outreach setting.

Clarification of the distinction between contacts and interactions

- Presentations in correctional settings should be counted as **interactions** if the same group of inmates participates in several sessions over time. If each time a staff person presents in a correctional facility, it is to a new group of inmates, these presentations should be counted as **contacts**.
- Street outreach encounters should be counted as **contacts** unless an outreach worker has multiple encounters with the same individual, thereby developing a relationship that may lead the client to change risk behaviors or seek services.

Skills building component – For an intervention to qualify as having a skills building component, participants *must* be able to demonstrate attainment of a skill taught through the intervention. For example, a presenter demonstrating how to put a condom on a model *is not*

an example of a skills building component. If the participants each demonstrate individually how to put a condom on a model, negotiate safer sex, or disclose HIV serostatus, the intervention *would* include a skills building component. As a reminder, to qualify as an **interaction**, an intervention must include a skills building component.

INTERVENTION DESCRIPTIONS

INTERVENTION TYPE	LEVEL OF INTENSITY*	THIS INCLUDES.....	THIS DOES NOT INCLUDE.....
Individual Level Intervention (ILI)	I	Risk reduction counseling with a skills building component provided to 1 person at a time	<ul style="list-style-type: none"> • Outreach (has its own category) • Prevention case management (has its own category)
Group Level Intervention (GLI)	I	Risk reduction counseling with a skills building component provided to more than 1 person at a time, usually multi-session	<ul style="list-style-type: none"> • "1-shot" educational presentations • Lectures
Outreach	C	Educational interventions conducted face-to-face in places where clients congregate, includes needle exchange	<ul style="list-style-type: none"> • Lectures or group educational presentations • Outreach solely for the purpose of counseling and testing (CTS)
Prevention Case Management (PCM)	I	HIV prevention case management (PCM) combines individual risk reduction counseling with an individualized case plan developed by the client and service provider and implementation of the plan including referrals. PCM concentrates on providing prevention education and risk reduction counseling through intensive one-on-one, client-centered interaction.	On-on-one counseling with a skills building component that does not include a written plan for risk reduction and referrals to other services needed by the client (ILI)
Partner Counseling and Referral Services (PCRS)	C or I	Systematic notification of sex/needle sharing partners of HIV+ individuals	Counseling and testing services (has its own category)
Counseling and Testing Services (CTS)	C or I	Individualized risk reduction counseling and testing for HIV antibodies	<ul style="list-style-type: none"> • PCRS • Treatment for HIV • Testing of and treatment for STIs
Health Communication Public Information (HC/PI)	C	Use of electronic or print media, educational presentations or lectures, hotlines, or clearinghouses to deliver planned prevention messages to support risk-reduction, provide information, increase awareness, or build support for safe behavior	Group interventions with a skills building component (GLI)
Capacity Building	N	Efforts assist other agencies or targeted communities in expanding the quantity, quality, and comprehensiveness of the services provided	
Other	C or I	Interventions not easily classified under the above categories, such as those involving direct prevention linkages to AODA treatment, school-based diversity programs, and community level interventions (CLI)	Interventions without scientific evidence and/or justification for application to the target population and setting

*C=contact, I=intervention, N=neither See definitions for **contacts** and **interactions** that precede the table.